

Council Business Meeting

May 7, 2019

Agenda Item	Approval of Liquor License Request for Press for Oil, LLC	
From	Melissa Huhtala	City Recorder
Contact	Melissa.huhtala@ashland.or.us 541-488-2307	

SUMMARY

This is a request for approval of a Liquor License Application from Press for Oil, LLC. Located at 60 East Main Street, Ashland, OR 97520.

POLICIES, PLANS & GOALS SUPPORTED

AMC Chapter 6.32 Liquor License Review

PREVIOUS COUNCIL ACTION

N/A

BACKGROUND AND ADDITIONAL INFORMATION

This is an application for a new Liquor License.

FISCAL IMPACTS

N/A

STAFF RECOMMENDATION

Staff recommends approval of the Liquor License application. The City has determined that the location of this business complies with the City's land use requirements and that the applicant has a Business License and has registered as a restaurant.

ACTIONS, OPTIONS & POTENTIAL MOTIONS

I move to approve the Liquor License for Press for Oil, LLC.

REFERENCES & ATTACHMENTS

Attachment 1: Application



LIQUOR LICENSE APPLICATION

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:

- Brewery 1st Location
- Brewery 2nd Location
- Brewery 3rd Location
- Brewery-Public House 1st location
- Brewery-Public House 2nd location
- Brewery-Public House 3rd location
- Distillery
- Full On-Premises, Commercial
- Full On-Premises, Caterer
- Full On-Premises, Passenger Carrier
- Full On-Premises, Other Public Location
- Full On-Premises, For Profit Private Club
- Full On-Premises, Nonprofit Private Club
- Grower Sales Privilege 1st location
- Grower Sales Privilege 2nd location
- Grower Sales Privilege 3rd location
- Limited On-Premises
- Off-Premises *w/ Tastings*
- Off-Premises with Fuel Pumps
- Warehouse
- Wholesale Malt Beverage & Wine
- Winery 1st Location
- Winery 2nd Location
- Winery 3rd Location

CITY AND COUNTY USE ONLY

Date application received: _____

Name of City or County: _____

Recommends this license be:
 Granted Denied

By: _____

Date: _____

OLCC USE ONLY

Date application received: 3/14/19

By: *Eddie Gump*

Date application accepted as initially complete: 3/28/19

By: *Eddie Gump*

License Action(s): N/O

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Press For Oil, LLC

(Applicant #1) _____ (Applicant #2) _____

(Applicant #3) _____ (Applicant #4) _____

OLCC USE ONLY

OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

3. Applicant #1

Applicant #2

Press For Oil, LLC.

Applicant #3

Applicant #4

4. Trade Name of the Business (Name Customers Will See)

Press For Oil

5. Business Address (Number and Street Address of the Location that will have the liquor license)

60 E. Main Street

City	County	Zip Code
Ashland	Jackson	97520

6. Does the business address currently have an OLCC liquor license? YES NO

7. Does the business address currently have an OLCC marijuana license? YES NO

8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail)

60 E. Main Street

City	State	Zip Code
Ashland	OR	97520

9. Phone Number of the Business Location
541-625-9225

Email Contact for this Application
pressforoil@gmail.com

Contact Person for this Application	Phone Number
Kim Lodwich	408-204-4955

Mailing Address	City	State	Zip Code
640 Nobility Dr.	Medford	OR	97501

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.


(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Press For Oil LLC Phone: 541-625-9221

Trade Name (dba): Press For Oil

Business Location Address: 60 E. main St

City: Ashland OR 97520 ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 to 7
Monday to
Tuesday to
Wednesday 11 to 7
Thursday 11 to 7
Friday 11 to 7
Saturday 11 to 7

Outdoor Area Hours:

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

The outdoor area is used for

Food service Hours to
 Alcohol service Hours to
 Enclosed now

The exterior area is adequately viewed and/or supervised by Service Permittees.

 (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: May Adjust hour in the winter

ENTERTAINMENT

Check all that apply:

- Live Music once a month
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other:

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: Outdoor:
Lounge: Other (explain):
Banquet: Total Seating

OLCC USE ONLY
Investigator Verified Seating (Y) (N)
Investigator Initials
Date

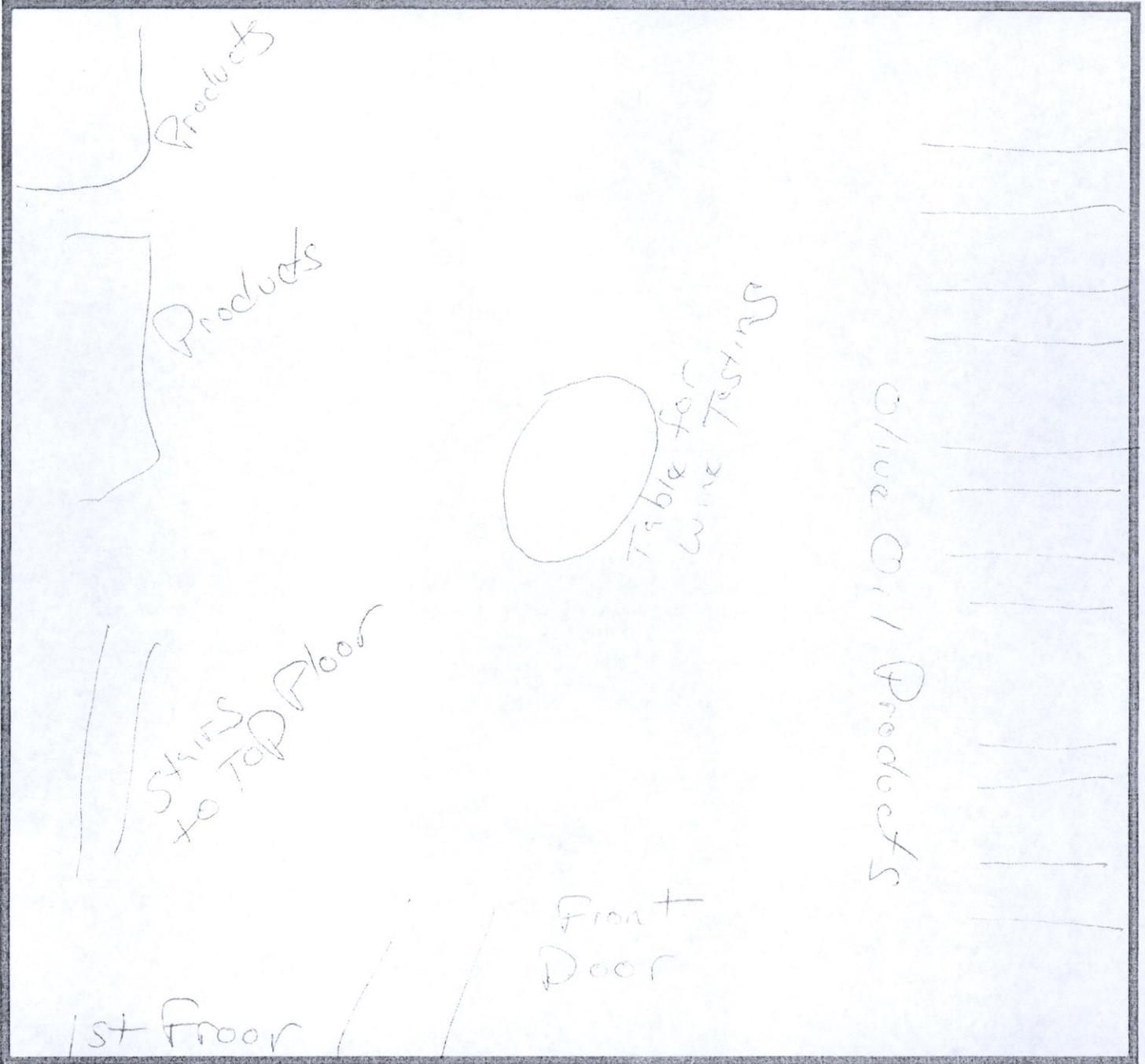
I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: Kenneth Date: 2/25/19



OREGON LIQUOR CONTROL COMMISSION FLOOR PLAN

- Your floor plan must be submitted on this form.
- Use a separate Floor Plan Form for each level or floor of the building.
- The floor plan(s) must show the specific areas of your premises (e.g. dining area, bar, lounge, dance floor, video lottery room, kitchen, restrooms, outside patio and sidewalk cafe areas.)
- Include all tables and chairs (see example on back of this form). Include dimensions for each table if you are applying for a Full On-Premises Sales license.



PRESS FOR OIL, LLC
 Applicant Name
Press For Oil
 Trade Name (dba)
Ashland, 97520
 City and ZIP Code

.....OLCC USE ONLY.....
 MINOR POSTING ASSIGNMENT(S)
N/A - SAMPLE DRINKS
 Date: **3/29/19** Initials: **EA**